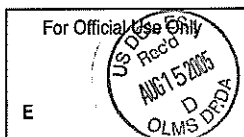


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

**\*\* A M E N D E D \*\***

1. File Number U - <u>7199</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>LEONARD</u> <u>A</u> <u>JENNINGS</u> P.O. Box, Bldg., Room No., if any <u>APT 4C</u> Street <u>10617 EAST 98TH TERRACE</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64134</u>	4. Name, file number, and address of labor organization. Name <u>Const. &amp; Genl Laborers Local Union No. 264</u> Labor Organization File Number <u>018-798</u> P.O. Box, Building and Room Number, if any <u>Suite 103</u> Street <u>1101 East 87th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64131-2757</u>
5. Position in labor organization. <u>EXECUTIVE BOARD MEMBER/FIELD REP.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Leonard Jennings</u>	On <u>08/09/2005</u> Date	<u>816-361-1000</u> Telephone Number

Name of Person Filing <b>LEONARD JENNINGS</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **GKC LABORERS APPRENTICESHIP PROGRAM**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **8944 KAW DRIVE**

City **KANSAS CITY**

State **Kansas** ZIP Code + 4 **66111**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

Provides training for LIUNA members affiliated with the Western MO & Ks Laborers' District Council.

11.b. Approximate dollar value of such dealing.

**\$9,160**

12.a. Nature of interest held or income received.

Cost allotted for wife and my attendance of Apprenticeship Graduation dinner as a representative of Local 264 on behalf of Local 264's graduating apprentices.

12.b. Amount.

**\$114**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing LEONARD JENNINGS

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Arnold, Newbold, Winter &amp; Jackson, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1600

Street 1125 Grand Boulevard

City Kansas City

State Missouri ZIP Code + 4 64106-2503

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Provides legal services for Local Union, Employee Benefit Funds, and Employee/Contractor Trust departments.

## 11.b. Approximate dollar value of such dealing.

\$2,710

## 12.a. Nature of interest held or income received.

Christmas gift card received in December 2004.

## 12.b. Amount.

\$50

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Ill. Laborers &amp; Contr. Appr &amp; Trng Program

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Rural Route 3

City Mount Sterling

State Illinois ZIP Code + 4 62353

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Provides construction training to members of LIUNA and provides lodging and meals to LIUNA LU & DC Officers and employees during Leadership training classes

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Received meals and lodging during the February 9, 2004 LIUNA Leadership training classes

## 12.b. Amount.

\$105